|  |  |           |                          |               |                                  |                  |                |                 | Application or Docket Number |          |            |                        |   |  |
|--|--|-----------|--------------------------|---------------|----------------------------------|------------------|----------------|-----------------|------------------------------|----------|------------|------------------------|---|--|
| 1  | PATENT   | ON FEE D  | RD                       | 100/200       |                                  |                  |                |                 |                              |          |            |                        |   |  |
| L  | Effective atober.1, 2000 2007  |           |                          |               |                                  |                  |                |                 | 07/273, 360                  |          |            |                        |   |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |           |                          |               |                                  |                  |                | MALL<br>TYPE    | EMMY                         | OR       |            | THAN<br>ENTITY         | l |  |
| ī  | OR ·   |           | NUMBER FILED NUMBER EXTR |               |                                  | REXTRA           | Г              | RATE            | FEE                          | 7        | RATE       | FEE                    | 1 |  |
| 8  | ASIC FEE   |           |                          |               |                                  |                  |                |                 | \$ 355                       | ОЯ       |            | \$740                  | 1 |  |
| Ī  | OTAL CLAIMS  |           | 4 minus 20= °            |               |                                  |                  |                | X\$ 9=          |                              | OR       | X\$18=     |                        |   |  |
| L  | (DEPENDENT C   |           | 4 minus 3 = 1            |               |                                  |                  |                | X40=            |                              | OR       | ×84=       | 84                     | 1 |  |
| MULTIPLE DEPENDENT CLAIM PRESENT               |  |           |                          |               |                                  |                  | Ι,             | 135 =           |                              | OR       | 280=       |                        | 1 |  |
| • 1  | • If the difference in column 1 is less than zero, enter "0" in column 2 |           |                          |               |                                  |                  |                |                 |                              | OR       |            | 840                    | 1 |  |
|  | CLAIMS AS AMENDED - PART II  |           |                          |               |                                  |                  |                |                 |                              | _        | OTHER      |                        | r |  |
| L  | (Column 1) 9-19-0 (Column 2) (Column 3)                                  |           |                          |               |                                  |                  |                | MALL            | ENTITY                       | OR       | SMALL      |                        | ı |  |
| AL   |  | REM       | AINING<br>FTER<br>EDMENT |               | NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | F              | MTE             | ADDI-<br>TIONAL<br>FEE       |          | RATE       | ADDI-<br>TIONAL<br>FEE |   |  |
| AMENDMENT                                      | Total .  | •         | cf                       | Minus         | -20                              |                  | ×              | <b>\$</b> 9=    |                              | OR       | X\$18=     |                        |   |  |
| SE CE  | Independent  | • 3       |                          | Minus         | *** 4                            | -                | ×              | (40=            | ,                            | OR       | x8#=       |                        |   |  |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |           |                          |               |                                  |                  |                |                 |                              | OR       | 280-       |                        |   |  |
|  |  |           |                          |               |                                  |                  | <u> </u>       | 35 =<br>101AL   | <u> </u>                     | OR       | TOTAL      |                        | r |  |
|  |  | (Cot      | emo 11                   | : fg(-0       | (Column 2)                       | (Column 3)       | ADO            | M. FEE          | <del></del> -                | 10n      | ADOIT. FEE |                        |   |  |
| <u>~</u>                                       |  | CL        | AUMS<br>AUMS             |               | HIGHEST                          |                  |                |                 | ADDI-                        | 1        |            | ADDI-                  |   |  |
| 퉂  |  | AF        | TER<br>DMENT             |               | PREVIOUSLY<br>PAID FOR           | PRESENT<br>EXTRA | R              | ATE             | TIONAL<br>FEE                |          | RATE       | TIONAL                 |   |  |
|  | Total  | • (       | 1                        | Minus         | - 20                             |                  | ×              | 9=              | ·                            | OR       | X\$18=     | ,                      |   |  |
| Ĭ  | Independent  | • 4       | l.                       | Minus         | esa 4                            | e                | ×              | to=             |                              | OR       | ×84.       | سند                    |   |  |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |           |                          |               |                                  |                  |                |                 |                              |          | +280=      | -                      | L |  |
| Best Available Copy Loon                       |  |           |                          |               |                                  |                  |                |                 |                              | OR<br>OR | TOTAL      |                        |   |  |
|  |  |           | mn 1)                    | ., ,          | ADDI                             | r. Pee L         |                |                 | ADDIT. FEE                   |          | _          |                        |   |  |
| _  |  | 3         | LIMS                     |               | (Column 2)<br>HIGHEST            | (Column 3)       | F              | —- <sub>T</sub> | ADDI-                        | f        |            | ADDI-                  |   |  |
|  |  | AF        | UNING<br>TER<br>DMENT    |               | PREVIOUSLY PAID FOR              | PRESENT          | RV             |                 | NONAL<br>FEE                 |          | RATE       | TIONAL                 |   |  |
| PMENDMENT                                      | Total  | •         |                          | Minus         | 44                               | -                | XS             | 9=              |                              | OR       | X\$18=     |                        |   |  |
| Ę  | Independent  | •         |                          | Minus         | ***                              | •                | X <sup>4</sup> | De l            |                              | OR       | <b>XB4</b> |                        |   |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |           |                          |               |                                  |                  |                |                 |                              |          | .280       |                        |   |  |
|  |  |           |                          |               | nan 2, warite "O" in co          |                  | +13            | OTAL            |                              | OR [     | TOTAL      |                        |   |  |
| •  | If the Tilghest Nor<br>If the Tilghest Nor                               | mber Pres | dously Pa                | FEE           |                                  |                  | DOM. FEEL      |                 |                              |          |            |                        |   |  |
|  | The Tighest Muni   | ber Previ | outly Pak                | For (Total er | Independent) is the              | highest number ( | lound in       | the appn        | opriate box                  | in ook   | errer 1.   |                        |   |  |
| -  | PTO-475  |           |                          |               |                                  |                  |                |                 |                              |          | MILLER OF  | ******                 |   |  |